City of Aztec 201 West Chaco Aztec NM 87410 www.aztecnm.gov



Office: (505) 334-7670 Fax: (505) 334-7679

License No._____

USE THIS FORM TO UPDATE ANY CHANGES TO BUSINESS INFORMATION IF THERE ARE NO CHANGES TO INFORMATION THERE IS NO NEED TO COMPLETE THIS FORM BUSINESS REGISTRATION RENEWAL/CHANGE FORM

PLEASE PRINT

Legal Name of Business:				
Trade Name (DBA):				
Physical Address:				
Mailing Address:				
Business Phone #:	Alternate Phone #:			
Business Email Address:				
Business Website Address:				
Describe the nature of Busin <u>Type of Ownership:</u> Please check one.	ness.	Proprietorship (Sole Owner) Partnership (LP,LLP,LLLP,LPA) Limited Liability Company (LLC)		Corporation/S Corporation Non-Profit Organization 501(c) 3 Attach IRS Determination Lettter
Contact Information	_			
Primary Contact Name		Title/Position		Home Phone #
Address	City/State		Zip Code	
State your profession or occupation:				

Does your Profession or Occupation require New Mexico State Certification or License? \Box Yes \Box No *If yes,* you must <u>attach a copy</u> of your current certification or license issued by the State of New Mexico.

Rennovations, Building and Fire Codes

Did you make any rennovations to your business location, including mechanical, plumbing or electrical upgrades? Does the business location meet all current building and fire codes?

Signature

It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false, or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true, correct and complete.

Printed Name